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CONFIRMATION NO. 7936

|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                         |                                |
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| <b>SERIAL NUMBER</b><br>10/609,432                                                                                                                                                                                                                                                                                                  | <b>FILING OR 371(c) DATE</b><br>06/27/2003<br><b>RULE</b>                                                         | <b>CLASS</b><br>714           | <b>GROUP ART UNIT</b><br>2113                                                                                                                                                                                                                                                   | <b>ATTORNEY DOCKET NO.</b><br>IVBU-0125 |                                |
| <b>APPLICANTS</b><br>Craig Murphy, Kirkland, WA;<br>Richard T. Oesterreicher, Naples, FL;<br>Dan Teifke, Bothell, WA;                                                                                                                                                                                                               |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                         |                                |
| <b>** CONTINUING DATA *****</b>                                                                                                                                                                                                                                                                                                     |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                         |                                |
| <b>** FOREIGN APPLICATIONS *****</b>                                                                                                                                                                                                                                                                                                |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                         |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 09/25/2003</b>                                                                                                                                                                                                                                                          |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                         |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <i>Allowance</i><br>Examiner's Signature <i>WJL</i> Initials |                                                                                                                   | <b>STATE OR COUNTRY</b><br>WA | <b>SHEETS DRAWING</b><br>10                                                                                                                                                                                                                                                     | <b>TOTAL CLAIMS</b><br>27               | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>Michael D. Stein<br>WOODCOCK WASHBURN LLP<br>46th Floor<br>One Liberty Place<br>Philadelphia, PA19103                                                                                                                                                                                                             |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                         |                                |
| <b>TITLE</b><br>System and method for streaming media server single frame failover                                                                                                                                                                                                                                                  |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                         |                                |
| <b>FILING FEE RECEIVED</b><br>1406                                                                                                                                                                                                                                                                                                  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                         |                                |